



**City of Duquesne**  
**12 South Second Street**  
**Duquesne, PA 15110**

**Phone: (412) 469-0544 Fax: (412) 469-3795**

**MECHANICAL AMUSEMENT DEVICE LICENSE APPLICATION**

**Ward:** \_\_\_\_\_ **Parcel #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Zoning District:** \_\_\_\_\_

**Location:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Owner:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Vendor:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**MECHANICAL AMUSEMENT DEVICES**

Commercial or Other	# of Machines	Each	Fee
Residential Use Groups		X \$100.00	\$ _____
Appliances and Fixtures		X \$10.00	\$ _____
Service connections		X \$60.00	\$ _____

Document Storage Fee \$ 1.50

Scanning Fee \$ 2.00

**TOTAL FEE** \$ \_\_\_\_\_

**CERTIFICATION**

I (or we), the undersigned applicant, owner and/or proprietor for the device(s) listed above, hereby acknowledge, subject to the penalties of PA C.S. §4904 (relating to unsworn falsification to authorities).

I (or we) further acknowledge that none of the mechanical devices listed above is/are designed for the use as a gambling device; equipped for use as a gambling device; intended to be used for gambling purposes; nor will the listed mechanical devices be used for gambling purposes. I (or we) understand and acknowledge that the laws of the Commonwealth of Pennsylvania (PA C.S. §5513) prohibit the use of any video game or machine or any other device for gambling purposes. I (or we) acknowledge that the use of any of the mechanical devices listed above for gambling purposes can subject me (or us) to criminal prosecution for violation of state and/or federal laws and can result in the forfeiture of property, monetary fines, and/or incarceration.

I (or we) further acknowledge that no statements, guarantees, or promises of non-prosecution, either expressed or implied, have been made by any Township employee or agent.

\_\_\_\_\_  
Signature of Vendor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner or Proprietor

\_\_\_\_\_  
Date

**CITY APPROVAL**

Permit #: \_\_\_\_\_ Invoice #: \_\_\_\_\_ Check #: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_